

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F03000002230

1. Corporation Name

The A2Z Directory Company, Inc

2. Principal Office Address - No P.O. Box #

1001 Armstrong Blvd

3. Mailing Office Address

1001 Armstrong Blvd

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

Suite A

City & State

Kissimmee, FL

City & State

Kissimmee, FL

Zip

34741

Country

USA

Zip

34741

Country

USA

7. Name and Address of Current Registered Agent

Name

Brian M. Mark

Street Address (P.O. Box Number is Not Acceptable)

104 Church St.

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34741

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Brian M. Mark

REGISTERED AGENT MUST SIGN

Date 12-19-07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PCD	Max P Cawal	1001 Armstrong Blvd	Kissimmee, FL, 34741

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/19/07

Daytime Phone #

FILED

07 DEC 20 PM 1:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-07  
CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

5/5/2003

5. FEI Number

20-0008972

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.